

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000000974**

1. Entity Name

Hobbs Management Services, Inc
(MANAGEMENT)

FILED

00 APR 24 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

- same

5946 MAIN ST
NEW PORT RICHEY, FL 34652

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAROLYN K. HOBBS
5946 MAIN ST
NEW PORT RICHEY, FL 34652

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	complete	☐ Delete
NAME	LIST	
STREET ADDRESS	Attached	
CITY-ST-ZIP		
TITLE	HOBBS, Charles H	☒ Delete
NAME	5946 MAIN ST	
STREET ADDRESS	NEW PORT RICHEY, FL 34652	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	000003238250-9	
STREET ADDRESS	-05/03/00-01134-006	
CITY-ST-ZIP	*****61.25 *****61.25	☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karolyn K. Hobbs, Exec Dir 3/31/00 727-846-0488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

SP

ANDERSON LYNN PRESIDENT 1/26/00

7305 TANGLEWOOD DR.
NEW PORT RICHEY, FL 34654
727 847-3074 FAX:841-4436
HARBOR BEHAVIORAL HEALTH CENTER

BRENNER WENDY 1/26/00

7224 GRAND BLVD
NEW PORT RICHEY, FL 34652
727 849-0120 FAX:848-0202
WEST PASCO CHAMBER-OF COMMERCE-

COOGAN DAVE TREASURER 1/28/00

2779 CAPWOOD LANE
CLEARWATER, FL 33761
727 726-5640 FAX:847-3520
ADMINISTRATOR:WESTBURY HOUSE, ASSISTED LVG

DUTCHER RICHARD 1/26/00

492 HELEN ST
DUNEDIN, FL 34698
727 736-3248 FAX:841-4436
CASE MGR-HARBOR BEHAVIORAL HEALTH CTR

FOLEY JOAN 1/26/00

6704 WASHINGTON
NEW PORT RICHEY, FL 34652
727 849-4724 FAX:842-3905
EXECUTIVE DIRECTOR: CONNECTIONS JOB DEVELOPEMENT

HESS RICK SECRETARY 1/26/00

5943 FALL RIVER DR
NEW PORT RICHEY, FL 34655
727 845-8080 FAX:848-1292
EXECUTIVE DIRECTOR: PASCO PROTECTION TEAM

HILLEGAS BRET 1/26/00

6014 US 19
NEW PORT RICHEY, FL 34652
727 847-7063 FAX:817-1128
VICE PRESIDENT: PREMIER BANKING-NATIONS BANK

HOBBS KAROLYN KAY EXECUTIVE DIRECTOR

5946 MAIN STREET
NEW PORT RICHEY, FL 34652
727 846-0482 FAX:727 847-0667

TURNER BOBBIE VICE PRESIDENT 1/26/00

18101 APPLEJACK COURT
SPRINGHILL, FL 34610
727 863-3279 FAX:863-3255
VIA 1-800-877-8779 CALL FOR HELP